

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10743653</div>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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Total Indep	3								
Total Depend	21								
Total Claims	24								
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52									

Application Number  
101743653

Filing Date

Applicant(s)

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Total Indep	3					
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	Indep	Depend	Indep	Depend	Indep	Depend
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